

Please type a plus sign (+) inside this box → ☐

PTO/SB/05 (4/98)  
Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 6283650090

First Inventor or Application Identifier Hayakawa, et al.

Title \*\* See above

Express Mail Label No. E L 059792295U5

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
- ☒ Specification [Total Pages 177]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the invention
  - Brief Summary of the invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
- ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 22]
- Oath or Declaration [Total Pages]
  - ☐ Newly executed (original or copy)
  - ☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 16 completed)
    - ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

\* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.29).

## ADDRESS TO:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

- ☐ Microfiche Computer Program (Appendix)
- Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - ☐ Computer Readable Copy
  - ☐ Paper Copy (identical to computer copy)
  - ☐ Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

- ☐ Assignment Papers (cover sheet & document(s))
- ☒ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
- ☐ English Translation Document (if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☒ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- ☐ Small Entity Statement(s) ☐ Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)
- ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
- ☐ Other:

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: 08 / 033886  
Prior application information: Examiner M. Lusignan Group / Art Unit: 1762

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

Name	Calvin P. Griffith				
	Jones, Day, Reavis & Pogue				
Address	North Point				
	901 Lakeside Avenue				
City	Cleveland	State	Ohio	Zip Code	44114
Country	US	Telephone	216-586-7050	Fax	216-579-0212

Name (Print/Type)	Calvin P. Griffith	Registration No. (Attorney/Agent)	34831
Signature		Date	08/13/99

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 1999

Patent fees are subject to annual revision.  
Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT (\$) 760.00

## Complete if Known

Application Number  
Filing Date  
First Named Inventor Hayakawa, et al.  
Examiner Name  
Group / Art Unit  
Attorney Docket No. 628365009011

## METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 10-1202  
Deposit Account Name Jones, Day, Reavis & Pogue

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and T.17

2. ☒ Payment Enclosed:

☒ Check ☐ Money Order ☐ Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 760	201 380	Utility filing fee	760
106 310	206 155	Design filing fee	
107 480	207 240	Plant filing fee	
108 760	208 380	Reissue filing fee	
114 150	214 75	Provisional filing fee	

SUBTOTAL (1) (\$) 760

### 2. EXTRA CLAIM FEES

Total Claims 1 - 20\*\* = 0 x Fee from below = 0  
Independent Claims 1 - 3\*\* = 0 x Fee Paid = 0  
Multiple Dependent

\*\*or number previously paid, if greater; For Reissues, see below

### Large Entity Small Entity

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 78	202 39	Independent claims in excess of 3
104 260	204 130	Multiple dependent claim, if not paid
109 78	209 39	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 0

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 380	216 190	Extension for reply within second month	
117 870	217 435	Extension for reply within third month	
118 1,360	218 680	Extension for reply within fourth month	
128 1,850	228 925	Extension for reply within fifth month	
119 300	219 150	Notice of Appeal	
120 300	220 150	Filing a brief in support of an appeal	
121 260	221 130	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,210	241 605	Petition to revive - unintentional	
142 1,210	242 605	Utility issue fee (or reissue)	
143 430	243 215	Design issue fee	
144 580	244 290	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Petitions related to provisional applications	
126 240	126 240	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 760	246 380	Filing a submission after final rejection (37 CFR 1.129(a))	
149 760	249 380	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (specify) \_\_\_\_\_

Other fee (specify) \_\_\_\_\_

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 0

## SUBMITTED BY

Typed or Printed Name Calvin P. Griffith

Signature

Date 08/13/99

## Complete (if applicable)

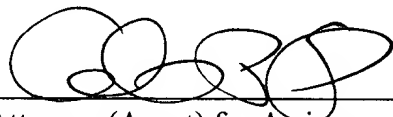
Reg. Number 34831

Deposit Account User ID

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

JCS53 U.S. PTO  
09/374344  
08/13/9937 CFR 3.73(b) Statement

Attached is a copy of the Assignment of the previous application showing the chain of title from the inventor(s) to the assignee.

  
\_\_\_\_\_  
Attorney (Agent) for Assignee

EC

12-03-1997

HEET

U.S. DEPARTMENT OF COMMERCE

Patent and Trademark Office

08/933886

Tab settings ☐ ☐ ☐ ☐ ▼

To the Honorable Commissioner of Pa

100581894

ched original documents of 9/19/97

PTO  
JP553 U.S. PTO  
09/13/99

09/13/99

09/19/97  
Name of conveying party(ies): Makoto Hayakawa,  
Eiichi Kojima, Keiichi Norimoto,  
Mitsuyoshi Machida, Atsushi Kitamura,  
Toshiya Watanabe, Makoto Chikuni,  
Akira Fujishima, Kazuhito Hashimoto  
Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

## 3. Nature of conveyance:

- ☒ Assignment ☐ Merger  
☐ Security Agreement ☐ Change of Name  
☐ Other \_\_\_\_\_

Execution Date: 9/11/97, 9/12/97, 9/16/97

## 2. Name and address of receiving party(ies)

Name: Toto Ltd

Internal Address: 1-1 Nakashima 2-chome  
Kokura-Kita-ku

Street Address: Kita-kyushu-shi

City: Fukuoka State: JAPAN ZIP: 802

Additional name(s) & address(es) attached? ☐ Yes ☐ No

## 4. Application number(s) or patent number(s): 08/933886

If this document is being filed together with a new application, the execution date of the application is: 9/19/97

A. Patent Application No.(s)

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☐ No

## 5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Calvin P. Griffith, Esq.

Internal Address: Jones, Day, Reavis &amp; Pogue

Street Address: North Point

901 Lakeside Ave.

City: Cleveland State: OH ZIP: 44114

6. Total number of applications and patents involved: ☐

7. Total fee (37 CFR 3.41).....\$ 40.00

☒ Enclosed☐ Authorized to be charged to deposit account

## 8. Deposit account number:

(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

## 9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Pamela J. Eblen

Name of Person Signing

Signature

9/19/97

Date

Total number of pages including cover sheet, attachments, and document: 5

Mail documents to be recorded with required cover sheet information to:  
Commissioner of Patents & Trademarks, Box Assignments  
Washington, D.C. 20231